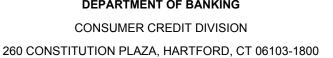


Revised on 11/2010

STATE OF CONNECTICUT

DEPARTMENT OF BANKING





MAIN OFFICE - APPLICATION FOR DEBT ADJUSTER LICENSE

Please check the appropriate box:	
Bona Fide Nonprofit	For Profit
ntifying Information	
Applicant Name:	
sole proprietor use "Last, First, Middle")	
Main Address:	
Number & Street:	
City:	
State/Province:	
Country:	
Postal Code:	
Business Phone, Fax and Email:	
Business Phone:	
Fax Line:	
Email Address:	
er Business Names	
- A.I.J	
o Addresses	

Contact Employee Information / Mailing Address

First & Last Name:	
Company:	
Mailing Address:	
· ·	
City:	
State/Province:	
Country:	
Postal Code:	
Business Phone:	
Fax Line:	
Funcil Addungs.	
Email Address:	

Consumer Complaint Employee Information

First 8	Last Name:		
	Title:		
Busine	ss Address:		
	City:		
Sta	ate/Province:		
	Country:		
	Postal Code:		
Bus	ness Phone:		
	Fax Line:		
En	nail Address:		
	Comments:		

Books and Records Information

First & Last Name:	
Title:	
Business Address:	
City:	
State/Province:	
Country:	
Postal Code:	
Business Phone:	
Fax Line:	
Email Address:	

Revised on 11/2010 2

Other Activities

Will the Applicant engage in any non-debt adjuster activities?	Yes No
Will the Applicant occupy or share space with any individual and/or entity engaged in financial services-related activity?	Yes No No
NOTE: If "Yes" briefly describe.	

Disclosure Questions

	Has (or does) the Applicant, or any partner (if the applicant is a partnership), any member (if the applicant limited liability company or association), or any officer, director, trustee, principal employee or shareholde ten percent or more of outstanding stock of the applicant (if the applicant is a corporation):		
	CRIMINAL DISCLOSURE		
(a)	ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?	Yes	No 🔲
(b)	have pending charges for any felony?	Yes 🔲	No 🔲
(c)	ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (1) any aspect of the debt adjuster business, (2) any fraud, (3) false statements or omissions, (4) theft or wrongful taking of property, (5) bribery, (6) perjury, (7) forgery, (8) counterfeiting, or (9) extortion?	Yes	No 🔲
(d)	have pending charges for any misdemeanor specified in (c)?	Yes	No 🔲
	REGULATORY DISCLOSURE		
(e)	ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any state or federal regulatory agency?	Yes	No 🔲
(f)	ever been refused any license by a governmental banking agency or authority or been refused any license (except motor vehicle operator) by any other governmental agency or authority?	Yes	No 🔲
	CIVIL DISCLOSURE		
(g)	ever been the subject of proceedings in: bankruptcy, receivership, assignment for the benefit of creditors; consumer-initiated litigation or arbitration filed in connection with a financial services-related business; or any litigation that, according to generally accepted accounting principles, is deemed significant to financial health and would be required to be referenced in an annual audited financial statement, report to shareholders, or similar documents?	Yes 🔲	No 🛄
	NOTE: If the answer to any of the above questions is "YES", provide complete details of all events or proceedings in an attachment.		

Affiliates/Subsidiaries

s the Applicant controlled by a credit union, bank holding company, state member bank of the federal reserve system, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company?	Yes 🔲	No _
NOTE: If "Yes" provide the name and address of the entity and describe the type of relationship.		

Revised on 11/2010

Control Persons

FULL NAME	RESIDENTIAL	DATE OF	OTHER
TITLE	ADDRESS	BIRTH	OCCUPATION

FULL NAME	RESIDENTIAL	PERCENT OF
TITLE	ADDRESS	OWNERSHIP

Indirect Owners

FULL NAME	TYPE OF RELATIONSHIP	PERCENT OF OWNERSHIP

Revised on 11/2010

Person in Charge of the Office

 (Name and Title - Print)
(Name and Tibe - Fillity
) , personally appeared
Title)
strument, who being first duly sworn upon hereof, and that the alleged facts herein
norson, and that the anegot laste norsh

Revised on 11/2010 5